Discovering intergenerational connections through food. An evaluation of the Food for Life Better Care programme with care homes, nurseries, and primary schools in Leicestershire, Leicester City and Rutland.

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Executive Summary

The Better Care programme across Leicestershire County, Leicester City and Rutland County sought to promote food-related intergenerational activities with care homes, nurseries and schools. The programme adopted a co-design approach to collaborate with participating agencies, and focused on developing networking, training, support with practitioners.

The evaluation, led by UWE, has run closely alongside the delivery of programme. It consisted of a series of 37 in-depth interviews with key stakeholders who include care home managers, activity coordinators, care workers and catering staff; nursery and primary school leads; and Better Care staff. In addition to these interviews the evaluation drew upon programme delivery records and a review of current research literature and relevant policy in the field.

The aim of the evaluation is to obtain an in-depth understanding of the implementation of the programme, the perceived outcomes, and the learning to arise from the initiative.

The Better Care team worked with fifteen care home and nursery/school clusters over an approximately 18 month period. Food for Life Better Care brought together experience of the Soil Association Food for Life schools and early years work, West Leicestershire Clinical Commissioning Group’s Patient Experience project lead, and the Leicestershire County Council Public Health team’s strategic approach to the food and dietary improvement.

The Better Care initiative was recognised as important and credible in the context of a wide range of other priorities and pressures within the care and education sectors. The programme was also timely in terms of current policy agendas on public mental health, social isolation and loneliness.

The Food for Life Better Care programme in Leicestershire, Leicester City and Rutland showed that it is feasible to create innovative practices in the care home sector through building upon the interests that surround intergenerational work and the role that food can have in people’s lives.

Care Home staff reported a range of benefits for residents including improved mood, fun and laughter; surface positive memories; new personal connections between residents and with others; relief from feelings of boredom, anxiety, depression and loneliness; and opportunities for maintaining mobility. These changes came about through participation in a wide range of activities that included cooking, eating together, indoor and outdoor gardening projects, farm and community visits.

The ‘active’ nature of these activities was contrasted with more passive forms of entertainment activities. A number of activities also met the specific needs of residents with mild or advanced dementia, limited mobility, and other high dependencies. In some cases, there were very powerful, transformative or memorable experiences for residents connected to the intergenerational activities.

For nurseries and primary schools, interviewees reported a wide range of effects of intergenerational activities for children taking part. These included developing new and sometimes in-depth relationships with older people, the development of greater empathy towards older people, and overcoming preconceptions and stigma. Food-based activities enabled all parties to express caring, nurturing and comfort in direct and tangible ways that did not always need to be verbalised.
Staff in care homes and educational settings also reported benefits of the Better Care programme linked to the professional development of staff, staff wellbeing, and staff recognition. Staff generally liked the collaborative ‘test and learn’ approach of Better Care, and particularly appreciated the open style and ‘honest reflection’ on things that worked not so well, as well as things that went well.

Efforts to improve the lives of older people in care homes are rarely straightforward. This is particularly the case in the context of the growing older population, financial pressures, and constraints for the care workforce. Interviewees reported that a central challenge was working on a complex set of issues within a short time frame. This is particularly an issue in the care sector where events such as sickness in a home or nursery can lead to the suspension of programmed activities.

There appears to be considerable scope for action on inter-generational food-related activities in care homes, nurseries and schools. Interviewees reported welcoming the opportunity to move forward with new ideas and to pursue personal areas of interest or local contacts. Those with a longer careers record noted that the programme helped revive work that had been dormant or side-lined.

Although interviewees all reported having to work within tight financial, staffing and infrastructural constraints, Better Care activities -such as intergenerational activities – were not reported to be unduly resource intensive.

Over the course of the programme, some interviewees reported being put in touch with new local CVS agencies and other forms of community support. There are also other agencies and initiatives in the sector that complement the work of Better Care, of which a local clinical commissioning group’s programme in patient-led care reform is one example.

The Better Care programme co-design approach was a marked contrast to top-down and externally expert driven approaches. The initiative helped to develop greater cooperation between care homes and to partner with local nurseries and schools. This collaborative approach helped move beyond the fragmentation and isolated working practices that often feature in the complex world of adult care.

The programme therefore illustrated an approach that holds the prospect of being transferable and scale-able, particularly for food-based intergenerational work in similar care home and other contexts. Overall, the Food for Life Better Care activities were linked to promising evidence of benefits for care home residents in terms of positive social interactions, mood and mental wellbeing, diet and enjoyment of meals and eating.
1. Introduction

In March 2017, the Soil Association’s Food for Life programme received a £1.25 million grant from the Big Lottery Fund to develop and evaluate the Food for Life Better Care (FFL BC) programme. One of the key programme processes is to work with older people and key stakeholders to design an integrated approach to food that improves nutrition, well-being and reduces loneliness in care homes. FFLBC developed a programme of work in the areas of Edinburgh, Calderdale, Kirklees, Leicester City and Leicestershire. While each area shared a common overarching framework and approach towards engaging partners, it was anticipated from the outset that the team would adapt the delivery of the intervention to fit local circumstances.

The Better Care programme in the counties of Leicestershire, Rutland and the city of Leicester has sought to promote food-based intergenerational activities within the context of a whole settings approach towards food in care homes. The programme has consisted of networking, training, support and development for a wide range of care homes. This has included creating opportunities to partner with nurseries and schools, some of which are active in the Food for Life schools and early years programmes. Key features of the programme have included a service co-design development process and a test-and-learn ethos.

This report focuses on the implementation and perceived effects of the Better Care programme in Leicestershire, Leicester City and Rutland. It provides an overview of relevant research literature and outlines the design and development of the programme before setting out details of the methods and process and impact findings from the evaluation.

2. Research and policy context for food-related intergenerational activities

2.1 Research on food and social connections in care homes

There is a growing body of research on the relationships between poor nutrition and the well-being for older people in care home settings. While there has been extensive research on interventions with a focus on specific nutritional outcomes, there is very little reported work on the social role of food in care home settings. There is a large literature on intergenerational activities, but few relevant reports on the food-related intergenerational work in care homes. Much of the literature concentrates on research-led interventions and little attention has been given to programmes seeking to create innovations in ‘real-world’ service environments.

Malnutrition presents a significant health threat to care home residents. A narrative review on nutrition in residential care facilities found that on average, half of residents in residential care homes were malnourished (Agarwal et al., 2016). In the UK, over one-third of care home residents have been found to be malnourished and requiring treatment (BAPEN, 2015). Malnutrition in care homes is associated with high healthcare cost, largely as a result of healthcare use including GP consultations, hospitalisations, healthcare monitoring and treatments (Abizanda et al., 2016). In addition, adverse outcomes of malnutrition include risk of infections, mortality, falls, pressure ulcers, anaemia, hospital admissions and poorer quality of life (Arvanitakis et al., 2008; Neyens et al., 2013; Shah et al., 2013; Ulger et al., 2013; Agarwal et al., 2016; Noronha et al., 2015; Sahin et al., 2016).
In addition, living in care homes is one of the risk factors for loneliness among older people (Savikko *et al*., 2005; Age, 2014), with over one-third of care home residents report feeling lonely at least sometimes (Jansson *et al*., 2017). There is growing research and interest on loneliness among older people (Courtin and Knapp, 2017). Loneliness can be described as the feeling that results from a person's perceived inadequacy in his or her relationships (Lopata, 1969; Weiss, 1973). There are two main dimensions to loneliness – emotional and social loneliness. While emotional loneliness is the lack of a long-lasting close relationship to other people (Lopata, 1969; Weiss, 1973); social loneliness arises from the lack of meaningful friendship (Larson, 1990). Loneliness is closely related, but conceptually distinct, from social connectedness and social isolation. Thus, whereas social isolation and social connectedness are more objective states of inadequacy of the number of social contacts that an individual has, loneliness involves subjective feelings of one’s close relationships (Weiss, 1973; Chappell and Badger, 1989; Cornwell and Waite, 2009). In other words, an individual may be surrounded by a large number of social contacts, and yet feel lonely.

Moreover, loneliness has severe consequences for the health and wellbeing of older people. Older people who perceive themselves to be lonely are more likely to experience poorer quality of life (Arslantas *et al*., 2015). Loneliness significantly correlates with poor functional status, poor self-reported health (Cohen-Mansfield *et al*., 2016) and lower perceived quality of life scores (Ausín, Muñoz and Castellanos, 2017). Loneliness is a significant risk factor for depression among older people (Peerenboom *et al*., 2015), even after controlling for confounding factors such as stress, objective social isolation, social support or dispositional negativity (Cacioppo, Hawkley and Thisted, 2010). Loneliness also significantly correlates with lower resilience and lower life satisfaction (Zehhauser *et al*., 2014). Loneliness is a risk factor for the development of dementia (Kuiper *et al*., 2015); incidence of cardiovascular diseases (Thurston and Kubzansky, 2009) and can also lead to death (Holt-Lunstad, Smith and Layton, 2010; Luo and Waite, 2014).

Correlations between loneliness, malnutrition and adverse well-being outcomes among older people in care homes warrants the need for effective interventions to improve the well-being of older people in the care home setting.

### 2.2 Intergenerational programmes and food practices

Intergenerational (IG) programmes bring together older adults and children or young people to participate in a shared activity. A common aim is to improve interactions and communication between different ages throughout shared experiences (Epstein and Boisvert, 2006). The activities implemented during intergenerational programmes can be highly variegated, and include both structured and spontaneous tasks (Gulano *et al*., 2018).

In a recent review, Gulano *et al* (2018) found that intergenerational activities are reported to present multiple benefits for older people, such as a higher self-reported health, stress reduction, reduced presence of depressive symptoms. Gulano *et al*’s review (2018) also identified the positive impacts upon children (particularly pre-schoolers), notably in terms an improvement of children’s perceptions of older people. Aside from benefits to individuals, intergenerational exchanges can have wider effects on organisational cultures and community networks through better understanding and integration between otherwise isolated groups (ibid). Programmes more likely to cultivate positive outcomes include those led by IG trained staff, with clear aims,
higher frequency, longer duration, and with an emphasis on active social interaction (ibid.). However even manualised intergenerational programmes may encounter problems with fidelity due to unforeseen events, such as staff absences (Low et al., 2015).

While much of this research is highly positive, not all studies have demonstrated benefits (Knight et al., 2014). For example, intergenerational programmes that provide exposure to - but only minimal interaction with older adults and without planned curricula - may result in a decrease in children’s positive attitudes toward ageing and older people (Gulano et al., 2018). There are also methodological challenges. There is recognition of confounding elements such as reminiscence, personal narratives and music/dance on the impact of intergenerational programmes on well-being, making it difficult to ascertain the actual benefits of the intergenerational bonding or exchange (Kim and Lee, 2017). Nevertheless, formal evaluation of intergenerational interventions has been acknowledged to be difficult (Burgman and Mulvaney, 2016).

Intergenerational activities take place in a diverse range of contexts, of which care homes, nurseries, and school are all settings that have been widely employed. In care homes, intergenerational activities are given as exemplars of ‘meaningful activities’ and as an indication of service quality for older adults including those with dementia and other high dependencies (Low et al, 2015). However, there is a paucity of research evaluating the impact of intergenerational programmes in care home settings. A systematic review conducted in 2014 (Knight et al., 2014) on the effect of intergenerational interaction interventions between 1990 and 2012 included 13 studies of which only one was conducted in care home settings.

We have not identified published research on intergenerational programmes that specifically draws attention to food related aspects. No studies in the Gulano et al review (2018) explicitly involved food related activities. Nevertheless, a large corpus of literature in the social science and humanities literature has been concerned with how food is involved in the intergenerational transmission of culture and values (Knight et al., 2014). Acts of growing, preparing and eating food create, provoke and embody memory, and everyday family food practices are one route through which children, parents and their parents ‘do’ generation (ibid.). Older generations may seek to pass down meanings and moralities through food. Meanwhile, younger generations absorb, resist or negotiate these. Care homes, nurseries and schools are not the same as domestic environments, however intergenerational activities often build upon and mirror social relationships present in families (Punch and McIntosh, 2014). It is likely, therefore, that the wider literature of food and intergenerational cultural practices can offer useful insights into the activities delivered as part of the Food for Life Better Care programmes.

2.3 Innovations and staff development in care home settings

Most care home residents live with dementia and are cared for by staff who may experience high physical and psychological workloads which may lead to burnout and delivery of lower-quality care. Increasingly urgent concerns are being raised in the UK about high staff turnover and vacancies in dementia care (Costello et al., 2018). In this challenging context, programmes in care homes need to give sufficient attention to context and willingness of care home staff to engage with innovation (Goodman et al., 2017). Externally directed top-down interventions, led by therapeutic experts and researchers, may not be adopted by care home staff (Bunn and Handley, 2019), possibly due to wider work pressures. Goodman et al’s review found that care home readiness to innovate was based upon a number of factors that include:
- The intervention is aligned with care home priorities
- There is evidence of senior management interest and enthusiasm for the intervention
- Care home staffs have sufficient slack and flexibility to accommodate change
- The intervention can work alongside other concurrent projects
- The intervention avoids appearing judgemental by signalling in a negative way that the care home needs to change

In addition, research such as that of Vassbo et al (2019) draws attention to the importance of person-centred approaches in contributing positively to staff job satisfaction in care settings. Thus, innovations in care homes strongly benefit from close engagement with care staff. While collaborative approaches to organisational change have been applied in a health and social care settings (e.g. Phillips and Morgan, 2014), little research has been undertaken on these approaches, including co-production and co-design, in care homes.

Although the practice and policy context in Early Years and school education are very different from those of care settings, there are some similarities in terms of the financial and staffing pressures on organisations and evidence of the importance of shared decision-making with respect to innovative programmes (NDNA, 2018).

2.3 Policy and practice context

In England, the present government has an overall policy objective emphasising the need to promote and maintain independence wherever necessary via support in the community or rehabilitation. The Care Act 2014 is seen as a major reform in care and support in England and enables those in need of care to manage their care and support. Key criteria set in the Act includes when support needs to be provided by local authorities for those in need of care and support. It outlines changes to the eligibility assessment by local authorities for those who require care and support. This involves encouraging those in need of support to consider their desired physical or emotional well-being outcomes. The Act grants rights for carers on an equal plane to those who they care for; and carers must also be assessed for support to meet their needs in relation to care. Of major relevance about this Act to the care home sector is the greater regulation and tougher sanctions for care home providers who fail to meet certain quality standards of care (The Care Act, 2014). The Care Quality Commission is tasked with such regulation.

Through, the Health and Social Care Act 2008, the Care Quality Commission (CQC) is designated as the independent regulator of health and adult social care in England. In addition to primary care and hospitals, the CQC ensures that care homes, as part of social care services in England, are providing effective, high-quality, safe and compassionate services to residents (Care Quality Commission, 2019).

There are about 329,000 people living in care homes in England and this figure is expected to rise in the coming years. The average age of care home residents is 85 years and the average life expectancy in care is 462 days. Most care home residents live with complex health conditions including dementia, musculoskeletal problems and stroke (National Institute for Health Research 2017; Wittenberg and Hu 2015).
Most care home providers in England are from the private sector. Social care in England is means-tested and not free at the point of use. Local authorities assess people for eligibility to support with funding. Local authority fund more than half of the residents in care homes in England (The King’s Fund, 2018).

The central government provides revenue to councils to fund their social care. This is in addition to locally-generated funds including council tax and other funding streams such as the Better Care Fund and Improved Better Care Fund. However, there is uncertainty in the funding from these streams from 2020 (Jarret, 2018). As a result, Directors of Adult Social Services and their councils are considering challenging decisions such as closure of some care homes (ADASS, 2019). Closure of care homes negatively affect the lives of individuals in need of these services, their families and the workforce in this sector. For example, within the past six months, closure of care home and home care providers have affected more than 7,000 individuals. This also means that, significant pressures will be put on the NHS, such as increased admission rates and delayed discharge rates for people into social care services (ADASS, 2019). Such delayed discharges have a cost burden of over £500 million every minute to the NHS (Age UK, 2018).

Person-centred care is an important principle in delivering care in care homes. Thus, care provided to care home residents needs to consider the person’s unique preferences, abilities, qualities, needs and interests. For people with dementia, the aim of care is to see them as individuals, rather than focusing on their cognitive impairments (Alzheimer’s Society, 2019). The National Institute for Health and Care Excellence (NICE) encourages health and social care providers, including care homes, to ensure care is person-centred and that the person cared for receives support that promotes respect and enhances trust and dignity (NICE, 2013).

“Every breach of human dignity not only affects the individual victim, but also society as a whole, by raising the question of how we choose to live (and die) and relate to each other. It thereby calls into question the state’s role in protecting our dignity” (Dupré, 2011)

For some time now, meals and mealtimes have been the ‘highlight of the day’ for many residents in care homes (Commission for Social Care Inspection, 2006) and several actions have been recommended to promote the dignity of care home residents through meals and mealtimes. For example, the Social Care Institute for Excellence (SCIE) recommends that care homes need to provide residents with choice of meals and help them with meal consumption if needed. Mealtimes go beyond eating food and includes the social dining experience and comfort in eating. The presentation of food is important in any texture or form that is required by residents to enhance mealtime experience. Residents must be given enough time to eat their meals. Care staff must encourage socialising during mealtimes; but also respect the preferences of those who wish to eat in private. There needs to be adequate staff during mealtimes to assist residents with their meals when needed and care staff need to have access to training on meals and mealtimes. Care homes must use or develop volunteer schemes that can assist residents during mealtimes. Food in care homes need to be of good quality and where possible, locally sourced and sustainable to ensure best practice in food procurement (SCIE, 2013).

The CQC ensures that care home residents are provided with the required nutrition and hydration needs to sustain life, promote good health and minimise the risks of malnutrition and
dehydration. Residents’ religious and cultural preferences of meals and mealtimes must also be considered in food services in care homes (Care Quality Commission, 2015; Alzheimer’s Society, 2019).

It is important to provide care home residents with the opportunity to engage in meaningful activities that maintain and improve wellbeing. Care staff should encourage residents to actively choose and shape activities which they find meaningful (NICE, 2013). NICE (2013) also recommends that opportunities should be provided for families, friends and carers to be involved where possible and by the wish of residents, in planning and carrying out residents’ activities. This ensures that activities are meaningful and can develop and maintain relationships.

The Alzheimer’s Society (2019) highlights the need for residents to spend quality time outdoors. They suggest that some residents with dementia who reside in upper floors of care home buildings cannot easily access outside compounds and gardens. Such residents require extra support to help them spend more time outdoors to encourage regular exercise, exposure to sunlight and fresh air to promote their wellbeing.

Identifying and promoting regular opportunities for residents to meaningfully engage in activities is essential for person-centred care and the wellbeing of care home residents.

“Every experience and interaction can be seen as an opportunity for engagement. Engagement should be meaningful to, and purposeful for, the individual living with dementia. It should support interests and preferences, allow for choice and success, and recognize that even when the dementia is most severe, the person can experience joy, comfort, and meaning in life” (Fazio et al., 2018; p. S18).

Social isolation is a grave menace for older people in care homes and care home staff must recognise residents who become socially isolated (NICE 2015). Residents of care homes must be provided with the opportunity to interact with each other and develop acquaintances with fellow residents and staff through a range of social opportunities (Alzheimer’s Society, 2019).

The care team should provide opportunities for residents to establish and sustain links with their community, friends and family. They should consider developing partnerships with voluntary and community sector enterprises and services to support residents to become active and integrated within their community (NICE, 2015). The Alzheimer's Society (2019) suggest that people with dementia should be supported to establish relationships with other people outside care homes.

Food defines the quality of a care home for residents (PG Professional and the English Community Care Association, 2006). The Commission for Social Care Inspection (2006) summarises the key points to enable a culture change in food and mealtimes in care homes as, “good leadership, staff induction and training and adequate staffing levels”.

2.4 Evaluation Aim and Questions
The aim of the evaluation was to obtain an in-depth understanding of the implementation of the programme, the perceived outcomes, and the learning to arise from the initiative. The main research questions were:
1. What are the characteristics, context and processes of implementation of FFLBC food-based intergenerational activities in care home and education settings?
2. What were the perceived effects of FFLBC for residents, children, staff and other parties?

3. Better Care Programme in Care Homes

3.1 Overview of the national programme
The Food for Life (FFL) programme was originally developed by the Soil Association in 2003 to help schools take a whole setting approach (WSA) towards improving multiple aspects of food in educational environments. Since 2013, the Soil Association have extended the FFL programme in to other settings such as care homes, hospitals, children’s nurseries, and universities. In 2017, the Soil Association received funding from the Big Lottery Fund to focus on improving the food environment for older people in a range of contexts. This provided the opportunity for FFL to further develop its work with care homes through collaborating with specific providers in three areas of the UK.

The Food for Life Care Home framework is intended to relate to a wide range of aspects of food in care homes. A briefing document from the early stage of the programme states

“We will co-design frameworks, training programmes and resources that support a whole setting approach to the provision of nutritious sustainable food. The education and engagement of residents and their families, staff and wider community will aim to enable and inspire people to be involved in their food, eat well and achieve nutritional care”

The framework consists of the following domains: (1) catering quality, (2) resident food experience, (3) therapeutic food related activity, (4) community and partnerships, and (5) leadership for a health-promoting care setting. FFL sets these domains out as co-design training and support packages to cover the areas set out in Appendix 1.

The original programme theory of change emphasises the importance of coordinating change in parallel across a number of different domains within the care home setting. The care homes theory of change was developed at the outset of the programme and is in the Appendix 2. However, the programme in Leicester and Leicestershire developed this framework to (a) include a focus on intergenerational activities and (b) focus on creating change across multiple settings within a local authority area. It also drew upon work by West Leicestershire CCG on patient-led experience (described in further detail below).

3.2 Food for Life Better Care work in Leicestershire, Leicester and Rutland
The Food for Life Better programme team for Leicestershire Leicester and Rutland consisted three part time staff and a Local Programme Manager (with the equivalent of half time allocation to the programme) over a 24 month period. The team could draw upon the support of a Senior Programme Manager and the resources of the national Soil Association office. After approximately six months of development and exploration, the programme team focused their work on a set of 15 care homes, each with links to a nursery or school. Given that one focus of the evaluation is how this plan was put into practice, the implementation of the work is examined in further detail in the findings section below.
4. Evaluation Methods

4.1 Methodology
The evaluation uses case study methodology and design (Yin, 2003), drawing upon multiple data sources including staff interviews and programme documentation. The evaluation follows a realist approach (Pawson and Tilley, 1997), where we sought to identify the underlying processes or mechanisms that have brought about change in the outcomes of the intergenerational activities and the way the context has influenced these outcomes. This process-oriented evaluation led to the development CMO (context-mechanism-outcome) configurations used in Realist Evaluation (Pawson et al., 2004). Consequently, the evaluation led us to assess the initial programme theory of change (see Connell and Kubisch, 1998) regarding the role of a programme to support intergenerational activities across care homes and educational settings in two neighbouring local authority areas.

4.2 Selection of interviewees and data collection process
We sought to interview a range of stakeholders in the programme. The primary groups of interest were staff in care homes, nurseries and schools. The evaluation also covered staff in local decision making agencies, the voluntary sector, and the programme team itself. We sought the perspectives of at least one member of staff from care homes, nurseries and schools. These were usually individuals with a leadership role in the programme, but also included staff directly involved in running activities. Food for Life Better Care programme staff assisted setting up the interviews and in a number of cases directly collected responses using a standard interview schedule. Exploratory interviews with the programme team took place between March 2017 and March 2018, the main evaluation interviews took place between September 2018 and December 2018. A final phase of consolidation interviews took place in February and March 2019.
Table 1: Interview participants

<table>
<thead>
<tr>
<th>Sector / Agency</th>
<th>Role</th>
<th>Number of individuals interviewed</th>
<th>Total number of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Homes</td>
<td>Manager / Deputy manager / Head chef</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Activity Coordinator</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Nurseries &amp; Primary Schools</td>
<td>Manager / Head</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Teacher / Nursery Worker</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>FFLBC staff</td>
<td>Senior programme manager</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Local programme manager</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Programme officer</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>LA/NHS/CVS partner</td>
<td>CCG Patient Experience lead</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Public Health commissioner</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Adult Social Care local authority lead</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Garden Organic Master Gardener</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>37</td>
<td>49</td>
</tr>
</tbody>
</table>

We used a semi-structured interview schedule. This was adjusted to reflect the roles of the interviewee. All interviews were audio-recorded. The duration of interviews ranged between 25 and 110 minutes. In addition to these interviews the evaluation drew upon programme delivery records.

4.3 Data analysis

Qualitative data collected from the interviews was audio-recorded and transcribed in full or selectively. All transcripts were analysed thematically using procedures proposed by Clarke and Braun (2014) with the help of the NVIVO 12 software (QSR International, 2018).

We used the context-mechanism-outcome configuration as the framework for our realist analysis. First, we arranged all data according to our initial programme theory. Thus, we organised our data in the domains of the implementation of the programme, the context, mechanisms, outcomes and actors. Secondly, we explored the mechanisms that have led to the outcomes using both our process, monitoring and outcome data. We then determined the context in which the mechanism did or did not generate the outcomes. In this regard, we specifically looked at the sub-groups of our sample based on the demographic information obtained. We then derived context-mechanism-outcome statements from this analysis. Finally, we determined which CMO configurations presents the most credible account of the identified patterns in our outcomes. We then compared this configuration with the initial programme theory. In early 2019 we validated some of the key draft findings through Better Care learning events with care home and education staff in Leicestershire.

4.4 Ethical Issues

The University of the West of England’s Research Ethics Committee granted ethical approval for the evaluation (ref: HAS.17.08.004). Informed consent was sought from all interviewees. They were provided with an information sheet detailing their role in evaluation of the programme and give them the opportunity to clarify any information regarding the evaluation (see Appendices). Potential participants were given a consent form to sign to document their agreement to take part in the study if they are willing to take part. Consent was treated as ongoing and participants could withdraw from the evaluation at any time without any penalty or
reason for withdrawal. Data already collected from participants who withdraw from the
evaluation was kept with agreement from the participants. Participants were made aware that the
data they provide would be anonymised at the point of transcription or file entry of
questionnaires, and stored securely on university computer servers. The data is stored only for
the appropriate time required for its use and in accordance with the General Data Protection
Regulation (GDPR, 2018). All names given in the findings are pseudonyms.

5. Findings: Context and delivery of the programme
5.1 Context to the programme

Obviously you see it on the television and think “That would be nice!” But until you are
actually doing it, you don’t understand the real benefits of intergenerational activities and
why you do it. [26 nursery manager]

The Food for Life Better Care programme built upon a range of local initiatives and was shaped
by the service context in the area. The local dietetic service had a long history of working with
care homes and, through the Nutrition Action Group (NAG), had supported work to tackle
malnutrition, poor hydration and specific issues such as the over prescription of oral nutritional
supplements. The local authority social care services had a history of supporting community
food links with care homes, however the recent effects of public sector austerity meant that
“there’s no funding really to do anything beyond the minimum at the moment” [30]. Local
authority adult social care had been reduced to grant funding, the management of statutory
contracts, and monitoring oversight. The NAG had highlighted ongoing concerns with diet and
nutrition in the care home sector, with a notable issue linked to the links between hospitals and
care homes:

We’ve got a disconnect with people coming out of hospital. Food and eating well is an opportunity for
older people to get better. But it often gets lost in the mix with the exchange between hospitals and care
homes. You have unnecessary prescribing of oral nutritional supplements. They’re expensive and not
always the right thing. [30 LA lead]

The CCGs had no consistent link with the NAG, however in 2014 West Leicestershire CCG
commissioned an officer to lead on a patient-led experience project with care homes and FFLBC
later helped connect these activities. This provided an opportunity to build new relationships
between care homes and to promote skills-sharing across the sector. The Experience Led
Commission project did not cover East Leicestershire or Leicester City CCGs.

At the outset of the Better Care programme, Food for Life was able to build on an established
relationship with the NAG and the CCG Patient Experience project lead. The team also had
additional useful links including a history of working with:

- the Healthy Tots Networks
- Garden Organic’s Master Gardeners
- Leicestershire-wide Public Health division
The latter connection was based around schools-based commissions to work with local schools (130 in 2017), which in turn supported the local strategy on diet, obesity and physical activity. Food for Life were therefore able to build upon an extensive field of relationships with strategy, support and delivery agencies relevant to food and intergenerational activities.

Care homes are very diverse in terms of their scale, ownership and management structures, and care provision, so it was not surprising that care home interviewees reported a range of experiences in terms of food related and intergenerational activities. Two care homes had drawn upon the Eden Alternative Project to help them include more work with children, animals and plants in their social activities. However, the majority of care home staff had no previous experience of programme support to help them with food and intergenerational activities. Nevertheless, this work was felt to have a potentially important role to play in community engagement:

We need to get rid of the urban myths. Care Homes have a reputation that there a place where people come to die. But we want [our home] to more like social centre, a community centre. [08 care home manager]

Many nurseries and schools had prior experience of working with care homes. However, these relations were often superficial and sporadic in character. Nursery and school interviewees reported having previously taken part in Christmas carol singing, or similar events, although these might have taken place a number of years previous to the programme. Others had no previous experience of intergenerational work with care homes:

Working with a care homes is new to me and I’ve been working for 29 years in nurseries. I’ve not worked specifically on projects like this. [11 nursery manager]

Both care home and educational sectors are complex. The programme area encompassed hundreds of providers in both sectors, and there was no forum for networking on intergenerational work prior to the Better Care programme.

Interviewees were mindful of the Channel 4 documentaries on intergenerational care home and nursery experiments. This attracted them to the idea, although they expressed caution about whether the televised cases gave a realistic representation of intergenerational work.

I know it’s very much on TV nowadays we have the four year olds in the nursing homes and stuff like that. [13 care home activity coordinator]

The television show looks brilliant but let’s be realistic, it is not like that at all. Think if they did a television show that actually shows what it is really like? Some residents don’t want to be involved like that, and they have hand-picked those residents to make that show which we understand. [26 nursery manager]

Obviously you see it on the television and think that would be nice but until you are actually doing it, you don’t understand the real benefits of it and why you do it. [26 nursery manager]

It’s very different from the children in the care home on TV, where the older people were much more aware than our visits to our care home. [11 nursery manager]

There appeared to be considerable scope for action on food-related activities in care homes. Interviewees reported welcoming the opportunity to move forward with new ideas and to pursue personal areas of interest or local contacts. Those with a longer careers record noted that the programme helped revive work that had been dormant or side-lined.

The care home manager is a local and she really wanted to link up the community in ways that wouldn’t necessarily, naturally meet. [06 FFLBC staff]
We'd been desperate to link up with a school and were happy to take residents over. [12 care home manager]

The Better Care initiative was recognised as important, timely and credible in the context of a wide range of other priorities and pressures within the sector.

I didn’t have a clue how it would be introduced at [our school], I had no idea how I could possibly get into care homes and how it would look you know like in a primary school. So actually you [FFLBC] came along and opened that door. [20 primary school lead]

Nursery staff felt that intergenerational work was needed in the context of the lack of contact that some children had with older people and of the ageing process more generally:

This is a really important aspect of learning. Our children don’t see their grandparents. They don’t see much in terms of visible difference, or see people who might be ill. [11 nursery manager]

I am keen on making sure that children are treated with honesty and that we tell them sincerely about things. We try to teach them to understand other people. We have to tell them about what’s happening – we have to talk honestly about dying. We do seek to raise a set of warm hearted children. [11 nursery manager]

One of our core values is respect and I just thought it actually it fits in perfect in one of the school’s core values which is respect because, I think that’s important that younger children see the older generation as people and not just people that have been put into a home if you like and they have that respect. So it’s just sort of fits it partly with me personally and with the school’s values as well. [36 primary school lead]

Care home staff valued the Better Care training and networking events, particularly as an opportunity to get an insight into good practice and to share learning. Interviewees also reported benefits of the Better Care programme linked to the professional development of staff (at all grades), staff wellbeing, and staff recognition.

5.2 Development of the Better Care programme with care homes, nurseries and schools

The Food for Life Better Care programme in Leicestershire, Leicester City and Rutland developed to work with a network of care homes and their partner nurseries and schools. The approach links to the national programme which included drawing upon the insights of older people ‘experts by experience, ethnographic interviews, co-design principles and a test-and-learn approach.

I think some of the benefits derive from the very open approach at the beginning. The ethnographic work helped research the role of food in people’s lives. This shaped the direction of the programme in a way that might not have otherwise have happened. [31 LA lead]

The main outcomes were to improve wellbeing, nutrition, and to prevent loneliness for care home residents. But “in the beginning of the programme we had very broad aims” [29 FFLBC staff] that needed to be adjusted and refined through a process of dialogue. The Food for Life Care Homes framework, and its whole settings approach, provided a tangible basis to start this dialogue care homes.

The fifteen care homes initially approached to take part in the programme were identified through the work of the West Leicestershire CCG’s Patient Experience project lead. Some of these care homes were where oral nutritional supplement prescriptions were more prevalent. The care homes were also identified to reflect diversity ranging from big to small care homes. On the back of this, schools and nurseries close in proximity were identified. Some of the settings came from the Healthy Tots Network. A number of care homes were approached and either chose not to take part or dropped out at an early stage. The reasons for doing so included:

- No reason: not attending first programme event
• Reception ‘attitude’ during first time meeting in care setting
• Management changes
• Problems finding an appropriate nursery or school

Table 2: Profile of the care homes and early years/schools taking part in the programme

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Care Home</th>
<th>Linked intergenerational setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bosworth Court Care Home, Market Bosworth, Leicestershire</td>
<td>Cadeby Lane, Stepping Stones Pre-School, Market Bosworth, Leicestershire</td>
</tr>
<tr>
<td>2</td>
<td>Saffron House Care Home, Barwell, Leicestershire</td>
<td>Old Rectory Nursery and Barwell Church of England Academy, Barwell, Leicestershire</td>
</tr>
<tr>
<td>3</td>
<td>The Ashton Care Home, Hinckley, Leicestershire</td>
<td>St Mary's Church of England Primary and Little Explorers St Peters Pre-School, Hinckley, Leicestershire</td>
</tr>
<tr>
<td>4</td>
<td>Sutton In the Elms care Home, Broughton Astley, Leicestershire</td>
<td>Hallbrook Primary, Broughton Astley, Leicestershire</td>
</tr>
<tr>
<td>5</td>
<td>Beaumanor Nursing Home, Loughborough, Leicestershire</td>
<td>Parkside nursery and Rendell Primary, Loughborough, Leicestershire</td>
</tr>
<tr>
<td>6</td>
<td>Charnwood Oaks Care Home, Shepshed, Leicestershire</td>
<td>Hathern Primary, Shepshed, Leicestershire</td>
</tr>
<tr>
<td>7</td>
<td>Vista New Wycliffe Care Home, Leicester City</td>
<td>Bright Bees Nursery, Leicester City</td>
</tr>
<tr>
<td>8</td>
<td>Vista Kathleen Rutland Care Home, Leicester Forest East, Leicestershire.</td>
<td>Ratby Primary, Ratby, Leicestershire</td>
</tr>
<tr>
<td>9</td>
<td>Cedar Mews, Birstall, Leicestershire</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Rose Cottage Care Home, Mountsorrel, Leicestershire</td>
<td>Rainbows, Mountsorrel, Leicestershire</td>
</tr>
<tr>
<td>11</td>
<td>Lenthall Primary, Market Harborough, Leicestershire</td>
<td>Caterpillar Day Nursery, Brownies and Elderberries Community Garden, Market Harborough, Leicestershire</td>
</tr>
<tr>
<td>12</td>
<td>Oak House Care Home, Oakham, Rutland</td>
<td>Root to Wings Nursery, Melton Mowbray, Leicestershire</td>
</tr>
</tbody>
</table>

Of the 15 planned, 12 clusters went forward with the programme (see Table 2). The care homes and nursery/school clusters were asked to take part in an initial meeting on partnering and co-design that was “like a kind of like a dating session for the nurseries and different schools, care homes. We invited them to all come together and see what they could do.” [05 FFLBC staff]

Agencies that decided or were not able to pursue further work were replaced by other partners. FFLBC divided the clusters between members of the team to act primarily as “brokers and intermediaries on the ground to help build and sustain relationships” [03]. This relationship was also about building trust and encouraging lead staff to try something new. The co-design approach intentionally sought to encourage partners to ‘self-generate’ activities within an overall framework of food-related intergenerational goals. FFLBC offered very little direct monetary support, but did host meetings with ‘very good food’ [28 FFLBC staff]:

13
The resources were intentionally limited to enhance sustainability. We hoped that that staff would develop their own solutions. [28 FFLBC staff]

I thought [FFLBC] took a very sensible approach. They started the ball rolling, but kept at arms-length to avoid setting up unsustainable expectations. [30 LA lead]

We have done what we call co-design work in our settings. So we are inviting people to try something out: “Let’s see how it works, if it doesn’t work let’s adapt it to try and make it work.” [20 primary school lead]

FFLBC staff focused on bringing managers from care home and educational settings together, given that these individuals led decision making in the organisations. These leads were encouraged to hold meetings with residents or children and parents to get their views. While some clusters quickly moved forward with work, others moved forward at a slower pace:

If we had been driving it all we would have stepped in. But we stepped back and allowed the care home to take ownership. [28 FFLBC staff]

5.3 Care home and education staff perceptions of the programme

[Better Care] has been a good use of relatively small amount of funding…It has helped develop a path towards co-funding and so to develop a more sustainable model. There has been added value. Better Care is much more than a food related prospect. [31 LA lead]

Care home and education staff interviewees understood the whole settings approach – as advocated in the Better Care programme – in somewhat different ways. It was notable that some interviewees had a very clear vision about the importance of taking an integrated approach. Other interviewees showed greater interest in specific activities, and indicated less understanding of – or confidence in - how different food-related activities might link together.

Interviewees generally liked the ‘test and learn’ approach of Better Care, and particularly appreciated the open style and ‘honest reflection’ on things that worked not so well, as well as things that went well.

Interviewees generally reported positively about the support they had obtained from FFLBC staff:

[FFL staff member] is always really supportive and will send you links and try to engage you in things and is really positive about opportunities that are out there and trying to get people in, so it’s great having somebody championing those. Because our pressures in school and jobs we don’t always allow us to seek out information about things that are there, so having someone that seeks you out and tells you about things means that those sort of projects are successful. [37 primary school lead]

The training was enlightening and a breath of fresh air. [07 care home activity coordinator]

Interviewees were clear of the time-limited nature of the Better Care programme and appeared to be well advised on how to embed and take forward learning within their organisations. For a small number of interviewees, their contacts with the FFLBC team had been minimal:

I personally haven’t had any 1:1 meetings. I am aware of what you do and we’ve taken some advice from the information we’ve been given and that’s as far as it’s gone. [33 primary school lead]

I: Are there other things that have helped you take work forward in this area?
One consideration for staff at both ends were the risks linked to hosting or going to care homes for activities. However, risk and safety were generally considered to be manageable issues:

It’s about positive risk taking. You just have to do it. If something happens you have to adapt. [16 nursery manager]

Although interviewees all reported having to work within tight financial and staffing constraints, Better Care activities – such as intergenerational activities – were not reported to be prohibitively resource intensive for participating care homes and education providers. Although, as previously noted, both sectors are having to operate with budget cuts or restrictions. In this context, from a commissioners perspective the programme brought substantive benefits to the area:

[Better Care] has been a good use of relatively small amount of funding…It has helped develop a path towards co-funding or match funding for a project – and so to develop a more sustainable model. There has been added value – Better Care is much more than a food related prospect. [31 LA lead]

5.4 Types of food-based intergenerational activities delivered

FFLBC staff delivered training events on food-related intergenerational activities. While these were well received by those attending, they had mixed success in terms of attendance with cases of late withdrawals due to unexpected work pressures. The majority of activities – either taking place at the care homes or nurseries/schools – were developed by front-line staff. FFLBC staff advised, supported and helped review activities, but (with some exceptions) in a light touch manner. The following boxed section indicates the focus of some of the activities reported.

**Box 1: Examples of food-based intergenerational activities in care homes, nurseries and schools**

<table>
<thead>
<tr>
<th>Food preparation and cooking activities</th>
<th>Gardening and food growing activities</th>
<th>Other social activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making mincemeat and mince pies</td>
<td>Garden bed preparation</td>
<td>Fruit and potato printing</td>
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<tr>
<td>Making omelettes</td>
<td>Weeding and clearing</td>
<td>Pet visits</td>
</tr>
<tr>
<td>Water cress sandwiches</td>
<td>Planting seeds outside or under glass</td>
<td>General craft activities</td>
</tr>
<tr>
<td>Home-made sandwiches</td>
<td>Harvesting produce</td>
<td>Ice breaker games and board games</td>
</tr>
<tr>
<td>Pureeing apples</td>
<td>Sowing bean seeds</td>
<td>Storytelling, singing and music</td>
</tr>
<tr>
<td>Making chapattis</td>
<td>Sowing onion sets</td>
<td>Life history and reminiscence</td>
</tr>
<tr>
<td>Pizza dough and cooking</td>
<td>Bean sprout growing</td>
<td></td>
</tr>
<tr>
<td>Making biscuits</td>
<td>Plant pot making</td>
<td></td>
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<tr>
<td>Eating lunch together</td>
<td>Hen and duck keeping</td>
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<tr>
<td>Making spring rolls</td>
<td></td>
<td></td>
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<tr>
<td>Making pepper mint creams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making scones clotted cream and jam</td>
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<td></td>
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<tr>
<td>Soup preparation combined with story telling</td>
<td></td>
<td></td>
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<tr>
<td>Preparing salad from home grown potatoes</td>
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<td></td>
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<tr>
<td>Soup from home grown vegetables</td>
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<td></td>
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<tr>
<td>Other shared mealtimes</td>
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</table>
6. Findings: Effects of the programme

6.1 Effects of intergenerational activities for care home residents

For older people, the intergenerational activities were linked to a wide range of benefits, in some cases through very powerful, transformative or memorable experiences for residents. Interviewees reported the effects of activities linked to improved mood, fun and laughter; surfacing positive memories; new personal connections between residents and with others; relief from feelings of boredom, anxiety, depression and loneliness; decreased agitation; and opportunities for maintaining mobility:

What we discovered is that people rediscover their skills and they are trying to show off in front of the children. They say “Yes I can do it, I will show you”. It gives them a bit of power, motivation and purpose. And that boosts their confidence. It’s like they are remembering, rediscovering their old skills. [02 care home manager]

The minute they see a child you see their worries and stresses just go. [07 care home activity coordinator]

When Pru was poorly, the children went along to her room to see Pru which was lovely. Pru loves the kids and has been really chatty. [08 care home manager]

That first glimpse of getting together. It’s if they have been friends for 40 years. There’s an initial spark. [07 care home activity coordinator]

As soon as you walk up with the children – the residents change. They have a burst of energy. One resident was sad but when the children came she wouldn’t sit down! [19 care home manager]

They get chattier. They tend to all be falling asleep. But when we go, they are all awake and all chatty. [26 nursery manager]

One lady can’t walk very well but when the children are here she’s up dancing! [18 care home activity coordinator]

The ‘active’ nature of the food-based activities were contrasted with more passive forms of entertainment activities:

[The residents] liked receiving the plants that the children had grown and they were chuffed that the children had looked after the seeds and things and some of said you’d done a better job than we could have. [37 primary school lead]

It’s amazing because sometimes you think this person is not able to have a full conversation, but once a child comes into the picture everything is changing. And food brings people together. Children, they like food. The old people, they like food. So it’s working. [02 care home manager]

When our children went to the care home and they started to make different things with the elderly residents, there was a mutual understanding of what food gives us and how we enjoy food. It gave us equal footing in understanding each other. [53 primary school lead]

This enjoyment of food translated into positive impacts for mental wellbeing and diet for one interviewee:

I’ve seen a positive impact on mental health. They then eat better and drink better. I’ve been a nurse for 10 years. Worked in care homes for 25 years. I’ve been quite blown away by the positive attitude from residents and kids. [15 care home coordinator]

In a small number of cases interviewees reported transformative experiences for residents. For example, at one care home a visit to a farm helped Bob come out of a period of depression. Bob had been a resident at the care home for about six months, which was preceded by a period in hospital. When he came to the care home he was taking oral nutritional supplements, had lost a lot of weight, and his mood was very low. The care home learnt that he had had a career as a
dairy farmer and decided to organise a visit to a local farm that hosted educational visits. He picked up considerably during the visit, remembering the smell of silage, and took part in making butter: “he was on form that day, Bob was on fire!” Subsequently the staff have encouraged him to take part in other food and growing activities, some involving visits from nursery children. His mood has improved considerably and with a wheelchair, he has become more mobile. “I’ve asked him if he’s looking forward to going back to the farm and getting shit on his wheels, which got a good laugh!”[08 care home manager]

Activities linked to Better Care often matched well to those residents better placed to engage in social interaction or with better mobility. Nevertheless, some activities such as gardening were able to include those with specific needs such as advanced dementia, very limited mobility or significant frailty. However, interviewees also noted that there were always cases where residents declined to take part or did not feel comfortable:

I took Jim to join the school for lunch because he’s retired head teacher, so it was lovely for us to go. He’s got a bit of dementia starting, we can’t give him exciting days every day. I think Jim can feel quite conscious of the fact that he can’t communicate. With his permission, I explained that Jim can’t get his words out quick enough but he knows you’re here and he’s really happy to see you. As he went round the school after lunch the children just started giving him high fives. He totally came out of himself. Big smiles. [21 care home activity coordinator]

A lot of [the residents] like just observing and watching the children plant some seeds and then actually being able to go out into the garden and see those plants grow. They really enjoy that and it’s something to look forward to. Whereas I think maybe before I’d done the project I wouldn’t have considered that as much so how people get involved might vary. [06 FFLBC staff]

I don’t expect all the residents to get involved. Because people have got different views and you have to respect their wishes as well. But with the percentage we are getting now, I’m quite happy. If we have too many residents, it might be too many different opinions, so we might need to separate them into smaller groups. [01 care home manager]

Sometimes the children can be standoffish with older people. At lunchtime, Ruth had felt objectified because they probably just stared and they didn’t go “Hello, my name’s So-and-So, what’s your name?” Sometimes you’ve got to help to bring them together. [21 care home activity coordinator]

6.2 Effects of intergenerational activities for nursery and primary school children

Interviewees perceived a wide range of effects of intergenerational activities for children taking part. In many instances the connections between generations were spontaneous from the initial point of encounter:

I was quite surprised by some of the children and how willing they were to speak to [the residents] and to interact. I thought they’d be quite timid and wouldn’t know what to talk about, but they were chatting away whilst the spring rolls were cooking. [36 primary school lead]

Children really didn’t worry about people with dementia. They were much more likely to connect with them. Children didn’t single out residents in any way: [one resident] may talk less clearly whereas there’s [another resident] who they could engage more fully. [11 nursery manager]

The children really loved it and not all of them have grandparents around to be able to talk to on a regular basis, so that was really nice for them to have that link. [37 primary school lead]

Over the course of visits, the children visiting care homes developed more in-depth relationships with the residents:
It’s been surprising to see how the relationships are forming. One child coloured in a picture and sent this and a photo of her dog to a resident. Another child sent a postcard from holiday to the home. [16 nursery manager]

The thing that I remember the most is that both care homes and nursing homes – the kids look forward to going in and seeing their friends. People in the care home see the children as friends too. [30 LA lead]

These visits have helped children identify with other people’s feelings and obtain an understanding of the experience of ageing:

It’s brought out empathy in the younger children. When they go back [to the nursery] they’re talking about “We need to share” and you can see it in their play. [20 primary school lead]

A massive benefit on a lot of our children, who perhaps don’t have elderly relatives at home, is going into an environment and really beginning to use empathy to understand how people feel. Particularly that many of elderly people are not mobile and if they drop something on the floor they find it difficult to pick things up. It’s an opportunity to care for others and understand that not everybody is able to do the things they can do. [33 primary school lead]

We see some things come out with their play. For example pushing children around the room to mimic using a wheelchair. Setting up hospitals to make people better. We’ve had to make sure that we have stethoscopes available at the nursery. [11 nursery manager]

These insights helped children move beyond some of the stigma associated with older age:

It’s made children see that it’s ok for people to be in a wheelchair. Children will ask questions about medical conditions. This breaks barriers down. [17 nursery worker]

The specific features of food-based activities were noted by some interviewees. For example, it was noted that the food-based activities worked well in bringing the groups together:

We were interested in the links between understanding how we can bring a genuine love of food and link it up with caring for each other. So, for example, when our children went to the care home and they started to make different things with the elderly residents, there was a mutual understanding of what food gives us and how we enjoy food and it gave us equal footing in understanding each other. [33 primary school lead]

Impact was very much a communication point of view. Everybody needs to eat. Everybody has some kind of experience of food. This gave them an opportunity to chat about what was their favourite food, what didn’t they enjoy, when they were a little girl what did they bake, and when they were a little boy what did they like to eat. So there was a connection there from a personal and social basis. It gave the children an opportunity to start talking and an opportunity for the residents to reminisce and impart their wisdom and knowledge. [33 primary school lead]

One nursery recently obtained a Healthy Tots Award. During the assessment visit, the assessors were particularly impressed by the experience of a 28 month old child taking part in intergenerational activities.

He is one of my youngest ones, very shy, doesn’t talk. He had gaps in his learning. He had never spoken a clear word with us. But when we got to the care home, he did. He just went up to two ladies and said, ‘Hi’. These are random people and he just spoke as clear as day to them. The relationship with the ladies just built every week. They used to read stories to each other and he used to tell them what is going on in the books. We were made redundant! We’d been quite worried about his speech, but now he’s got no gaps in his learning and he has caught up. [26 nursery manager]

Other interviewees also felt that the simple act of meeting older people helped some children develop their communication skills:

Speaking to the elderly residents helped [the children] to open up and to chat and to improve their communication skills because, for many of older people, they couldn’t hear properly. So the children had
to make sure their voices were clear they had to make sure that what they were saying was easily understood. So it actually gave them a great deal of awareness. [33 primary school lead]

Interviewees also felt that the activities helped promote a range of other developmental benefits for children including confidence in self-presentation, helping skills and willingness to help, etiquette and politeness in talking to others. Where the issue came up, all education staff felt very confident that the activities clearly addressed learning priorities of the nursery or school and could be justified in terms of the assessments used by Ofsted.

There were few reported instances of negative issues for children. Although some staff noted that they had to make decisions about the appropriateness of the visits for some children:

One child didn't want to go. He became quite upset by a visit. Possibly because he has a grandma who is unwell – so we gave him a chance not to go. [11 nursery manager]

Otherwise the activities lent themselves to a wide range of children in terms of their abilities and interests.

**6.3 Institutional and staff benefits**

*I’m hoping this is the tip of the iceberg for us now. I don’t think there are any limits really.*

[20 primary school lead]

Aside from effects of project activities for residents, staff felt that the programme was beneficial for the **care home** as an institution. For example, one manager liked the role of the programme in refreshing the outlook of staff and the reputation of the home:

The Better Care project has brought us up to date. It’s helped us feel like we’re more in step with stuff happening out there. [Staff] are more eco-friendly, more concerned about where their food comes from, interested in the environment…

Selfishly it’s helped show with care inspections because it helps me share what we doing to move the care home forward …Care inspectors will want to see a variety of activities and things happening. It has to be more than just music and movement activities- which lots of care homes already do well. So the Soil project has helped us has helped us get on all sorts of new things. [08 care home manager]

Through working the Food for Life Served Here catering scheme, this care home had also improved the food procurement catering standards, obtained a five star food hygiene rating, and agreed a procedure with their Environmental Health Officer for using food grown in the care home garden for the kitchen.

With respect to meal quality and the dining environment interviewees reported benefits such as improved nutritional intake, more varied diets, satisfaction with meals, and sociability around mealtimes. The Food for Life Served Here scheme appeared to complement the aspirations of managers and catering staff in a number of the homes. This was particularly the case for care homes that were seeking to show the quality of their mealtime provision through external recognition.

Care home staff felt that intergenerational and community food activities had an important role in making the care home a more open environment. In the context of media-fuelled public fears
about care homes, such activities played a part building greater trust and confidence in residential and nursing care for older people. For example, one care home interviewee talked about how they had opened their doors to outside visitors and held public events such as festive luncheons:

Mixing with the community - I think it’s helped us break down those barriers between care homes and everyone else out there. [23 care home deputy manager]

An indirect consequence was that these public activities also helped relatives gain greater confidence about the openness and quality of care in the home. A further feature of the garden-based activities was that they were a good route for inviting relatives and the wider community to provide one-off or ongoing voluntary support.

Intergenerational visits were largely reported to be popular with care home staff and were linked to an improved working environment:

The care staff also enjoy the activities with the children. It has an impact on their mental health, you know, as long as the team is happy, everything is going to be alright. They do enjoy it when the children come. And it brings conversation between them and the residents as well. [01 care home manager]

For schools and nurseries, the intergenerational work was felt to fit well with their community engagement work, and had been well received by parents:

I'm hoping this is the tip of the iceberg for us now. I mean there’s loads of opportunities with the staff to plan their curriculum and think about involving the residents in as well. [20 primary school lead]

The only barrier would be actually the residents coming to us here or us getting there that’s the only barrier I seem but actually in terms of how we can work with the care home, I don’t think there are any limits really. [20 primary school lead]

I had some good comments from the parents saying that the children really appreciated their children being given an opportunity to make links with older people in the community and support some of those that were in homes that didn't necessarily have families that were available. [37 primary school lead]

Better Care has been more than ‘doing things in with people sitting in circles’ [09 care home coordinator]

This is purposeful and meaningful engagement, rather than children as entertainers. [29 CCG lead]

6.4 Value of partnerships and local agencies
Over the course of the programme, some interviewees reported being put in touch with new local CVS agencies and other forms of community support. There are also other agencies and initiatives in the sector that complement the work of Better Care. From the perspectives of the local authority public health team and the clinical commissioning group, the initiative helped make create novel connections:

[For the local authority public health team] the programme has shown that there are wider benefits beyond food, for example in terms of the meaningful relationships developed between care home residents and nursery children, and mental health benefits. Intergenerational activities are a hook that can link areas together. [31 LA lead]

A benefit has been to bring different partners around the table. This has added value to what we already have. [31 LA lead]

Better Care has helped build trust between care homes and clinical commissioning group. [30 LA lead]
7. Findings: Further development of the programme

7.1 Longer term implementation and challenges

Most interviewees reported being only part-way through, or just beyond the start, of a journey. The challenge of creating change in their organisation was long term. This applied in particular to changes in the outdoor garden space and its use. The short duration of the programme meant that some care homes were unable to show some anticipated outcomes at this point.

“We’re hoping to carry on with the visits to the care home and we’ve hoping that we can be consistent in that and make sure the children all get an opportunity to visit. It feels like we’re just beginning.” [33 primary school lead]

“It’s been the first year. None of us knew very much about gardening. So in this year it’s been a real case of learning a lot of new things.” [13 care home activity coordinator]

Interviewees offered thoughtful reflections on the importance of maintaining momentum. Delays and set-backs should be anticipated given limited resources, high staff turnover, and competing alternative pressures and directives.

Connections with local nurseries or schools could be created rapidly and with less difficulty than anticipated. Nevertheless, it is important to anticipate blurred boundaries to surface with respect to staff responsibilities, risk and contingency management, communications, and sustaining engagement over time. The following extracts illustrate these difficulties from both agency perspectives:

“One issue is that the nursery staff have sat back a bit during the activities to let the care home staff lead. It’s a shame about the nursery contact fizzling out recently. We’ve had a lot of fun.” [07 care home activity coordinator]

“One of our activity coordinators was saying that the residents don’t want to get involved, but it’s all about preparation: if you make it a big event, like a celebration, the residents will come with you and work with you. But if you don’t show any interest, they won’t show any either.” [01 care home manager]

Although interviewees were broadly positive, they identified a wide range of problems linked to running activities. These are listed here under two broad categories:

Infrastructural challenges

- High staff-children ratios
- Different regulatory frameworks for meals
- Illness (children or older people)
- Communication problems between agencies
- Maintenance of facilities (especially outdoor facilities)
- Funds for specialist facilities, materials and transport
- Appropriate and accessible space. Design of dining areas
- Timetable constraints
- Management and staff changes
- Parent and children turnover

Inter-personal challenges

- Lack of staff confidence or skills. Individual staff who are resistant.
• Lack of management support or unduly risk averse
• Poor planning of activities
• Concerns about the behaviour of older residents and how this is exposed to children
• Mismatched expectations, roles or commitments
• Uncertainty about the co-design process
• Lack of notice to changes
• Illness and personal events

7.2 Factors for successfully delivering food-based intergenerational activities

Don’t give up... You have just got to persist. It is a scary thought entering a care home. Just persevere and don’t let your fears take over... because it is the most rewarding thing you will ever do. [27 care home manager]

Factors promoting the success of food related intergenerational activities varied depending upon the perspective of the interviewee. For front line practitioners, they clearly valued having an external agency giving encouragement, license to support to share learning, particularly given pressures to revert to an inward focus within care homes, or care home groups. Others focused on practicalities of transport, proximity, resources, space for activities, voluntary support, and the skills and qualities of practitioners:

I think preparation is the key. And paying attention to the event as well. You can’t just say the nursery staff are coming, that will be fine. You need to pull your team together and be there for the event. The nursery staff they are so committed. [02 care home manager]

Successful implementation meant having the management and owners clearly involved and in support. Given the market pressures for both private nurseries and care homes, decision makers needed to understand the benefits in terms of reputational gain and financial risk:

At the end of the day if this is a thing that businesses see gives them an edge, then it’s something that is of use for them and you’ll see them invest. [30 LA lead]

These pragmatic considerations also needed to align with the ethos, values and priorities of the agencies. There was no consistent picture with respect to the size and scale of organisations: while small organisations might lack the resources of large ones, small staff teams might have greater discretion to make activities work.

Interviewees were asked to summarise their advice to other practitioners interested in developing food-based intergenerational activities in care homes. The main themes are summarised in the box below, although interviewees noted that circumstances, such as age of the children or the needs of host facilities, will have an important bearing on the activities:

I think there are lots of places that are keen to get involved with things. It’s about making that phone call and contacting them sometimes. I don’t think we always do. [37 primary school lead]

Don’t give up. It is hard but just do it because it is rewarding. You have just got to persist. It is a scary thought entering a care home. Just persevere and don’t let your fears take over and if you
have got fears, kick them off your shoulder because it is the most rewarding thing you will ever do. [27 care home manager]

Box 2: How to develop intergenerational activities. Advice from care home, nursery, school and other staff

1. Staff from both ends should first visit to each other’s setting and have an open discussion about hopes and fears

2. Where possible involve residents, children, relatives, and wider staff in developing ideas

3. Try to be inclusive: residents confined to their beds and children with special needs can benefit as much as anyone

4. Managers at both ends need to actively endorse, and should normally have a leadership role in the activities

5. A short plan of the activities, the goals, resources, responsibilities and risk management should be jointly agreed by both managers

6. Make sure others understand that intergenerational activities are important for people, meet policy priorities, and are more than just a fun option

7. Start with a simple activity before moving on to more something more ambitious

8. Have ice breaker and back-up activities, such as dementia friendly games

9. Food-based activities are popular, meaningful, and a good leveller

10. The activities don’t need to cost much, but investment in training and development multiplies the benefits over time

11. Plan the timings carefully, a one hour visit is usually long enough

12. Plan for little things like staff breaks and mealtimes

13. Plan for continuity: there are benefits in building up a two-way relationship over time

14. Factor in the possibility of unforeseen events, such as illness or staff absence

15. Do communicate. Accept that sometimes it is OK to take a pause. But don’t give up

8. Discussion

8.1 Overview
The findings from the evaluation show that Food for Life Better Care programme was implemented within a relatively short period across multiple clusters of care homes, nurseries and schools in the Leicestershire, Leicester City and Rutland area. Some of the success of the programme appears to be due to the open, supportive and consultative approach adopted by the team. The findings also point towards some of the specific features of intergenerational work that include a focus on food related activities contributing towards positive impacts. The following discussion considers these issues in further detail in the context of wider research.

8.2 The role of co-production and co-design in the implementation of the programme
The programme succeeded in showing how it is possible to deliver innovative practice in diverse care home and educational settings. Each setting encountered somewhat different opportunities and challenges. Diversity within the sector highlights the importance of a tailored and reflective approach to the promotion of better food culture and intergenerational work.

The findings show that there were a number of reasons why the initiative worked well. These included the role of pre-existing positive experiences and the latent interest of key staff: there were many cases where staff had previously undertaken intergenerational work. Some staff had not known where to start without the support from the programme, but appreciated an open and non-judgemental approach. These are important features also identified in Goodman et al.’s review (2017) of innovative practice in care homes. Encouragement, license to support to share learning through a community of practice was attractive to most interviewees, particularly given pressures to revert to an inward focus within care homes, nurseries and schools.

FFLBC co-production approach brought together experience of SA’s FFL schools work, CCG patient experience project, and PH team’s strategic approach to the food system. This was an opportunity to join the dots between food and nutrition initiatives that are often disconnected from one another. The work was also timely in terms of agenda on public mental health, social isolation and loneliness.

Interviewees in both care home and educational sectors reported a wide range of challenges linked to working on a complex set of issues within a short time frame. As Goodman et al.’s review (2017) found successful actions tend to follow circumstances where there is good alignment with organisational priorities, senior management interest and enthusiasm, and a degree of flexibility for front line staff. Nevertheless, ongoing pressures – particularly linked to staff workloads – restricted the ability of agencies to implement and embed FFLBC programme activities. For Leicestershire, Leicester City and Rutland further co-ordinated work in the short and medium term is likely to hinge upon support from the Food for Life team. From the perspective of the programme goals, a drawback of the co-design approach is that local action may develop in tangential directions, for example through intergenerational activities that have no relationship to food. Thus, while co-design methods can succeed in harnessing local interests, they may dilute specific objectives, such as dietary improvement.
Most interviewees reported being only part-way through, or just beyond the start, of a journey. The challenge of creating change in their organisation was long term. This applied in particular to changes in the outdoor garden space and its use. Interviewees offered thoughtful reflections on the importance of maintaining momentum. Delays and set-backs should be anticipated given limited resources, high staff turnover, and competing alternative pressures and directives.

Connections with local nurseries or schools could be created rapidly and with less difficulty than anticipated. Nevertheless, it is important to anticipate blurred boundaries to surface with respect to staff responsibilities, risk and contingency management, communications, and sustaining engagement over time.

8.3 Intergenerational activities and the role of food

A feature of intergenerational activities is the mutual benefit for both older and younger people taking part (Gulano et al., 2018). Interviewees reported such mutual benefits for the FFLBC activities. Some of these arose from similarities in the social positions of both parties: both older adults and children can experience vulnerability, exclusions, restricted experiences, and unclear social roles. There were common points of connection with respect to in-the-moment pleasures and non-judgemental encounters. As Knight et al’s review (2014) found, intergenerational activities tended to be most ‘authentic’ where there was active reciprocity in the relationship.

For staff in both care home and educational settings, positive experiences of these benefits were critical in helping them decide to pursue further intergenerational work. While staff felt that activities could produce longer-term benefits, the in-the-moment benefits were often sufficient justification in themselves to run the activities.

Food formed a good focus for intergenerational activities. Nutrition, diet, and wider issues of food culture are important areas in both care home and educational contexts, and were therefore recognised as priorities by interviewees. The programme showed that participants were able to develop a wide range of activities where food formed the basis for engagement. These were perceived to be feasible to implement within the resources available and, in some instances, led to innovative practices. The subject of food offered a wide range of permutations as a basis for activities. Food topics were often direct, tangible and allowed all parties to express caring, nurturing and comfort in simple and well understood ways that do not need to be verbalised.

Participants identified a wide range of benefits for both older adults and children that ranged from dietary improvements to wider social wellbeing.

The term food-related practices cover very diverse activities that may have little common. Some activities linked to the programme simply drew upon the theme of food as a springboard for other intergenerational activities such as those based upon singing, music and storytelling. Food in care home and educational settings can raise complex issues and points of contestation. For example, a care home is simultaneously a home, a workplace, and an institution (cf. Punch and Macintosh, 2014), and each social function can pull food related issues in somewhat different directions.

8.4 Study limitations

It should be noted that the aim of the evaluation was not to determine or measure quantifiable outcomes, but rather to understand the processes of implementation and perceived effects. Nevertheless, the evaluation would have benefited from more in-depth monitoring information
on the delivery of activities in order to estimate engagement and potential scale of the effects of activities for key parties.

Programme staff assisted the UWE researchers with some interviews. This is likely to have affected how interviewees responded to some questions, for example in terms of a bias towards the positive aspects of the programme. On the other hand, introductions and input from programme staff helped communicate the purpose of the evaluation and build trust around the importance to learn from both positive and negative aspects of the programme.

The recruitment approach for the interviews meant that the study may not have included the perspective of individuals with an unsatisfactory experience of the programme. However, we did succeed in interviewing a range of perspectives that included staff from agencies that had little direct engagement with the programme.

8.5 Implications for policy, practice and research
There are a number of implications arising from this evaluation. These include the following:

- Care homes benefit from peer forums for the exchange of good practice around intergenerational work. It is important that they have clear strategic backing from the local authority (particularly public health and adult social care divisions) and clinical commissioning group.
- Greater attention might be given to engaging - and taking direction from - care home residents, children, and relatives in the planning, delivery and review of intergenerational activities.
- There is scope to promote further intergenerational work in the education sector through a stronger profile of these activities in Early Years and Schools healthy settings schemes and, ultimately through external quality assessment.
- Further online project resources and materials are needed to support care home and education sectors to set up intergenerational activities.
- Further programme development and advisory support is needed to support the longer term implementation of intergenerational activities, given the evidence that partner agencies often struggle to sustain and embed their practices.
- Research is needed to further understand the potential of food-based intergenerational activities to wider public policy agendas – for example on community cohesion and dietary improvement – under conditions that are affordable and scale-able.

9. Conclusions
This report is one part of a wider set of research on the role of the Food for Life Better Care work with care homes in England and Scotland. The Food for Life Better Care programme in Leicestershire, Leicester City and Rutland showed that it is feasible to create innovative practices in the care home sector through building upon the interests that surround intergenerational work and the role that food can have in people’s lives. Efforts to improve the lives of older people in care homes are rarely straightforward. This is particularly the case in the context of the growing older population, financial pressures, and constraints for the care workforce. The Better Care programme co-design approach was a marked contrast to the top-down and external expert driven approaches that have characterised some interventions in the sector. The initiative also
sought to develop greater cooperation between care homes and to partner with local nurseries and schools. This collaborative approach helped move beyond the fragmentation and isolated working practices that often feature in the complex world of adult care. The programme therefore illustrated an approach that holds the prospect of being transferable and scale-able, particularly for food-based intergenerational work in similar care home and other contexts.

10. References

Main sources


PG Professional and the English Community Care Association (2006) Care Homes: through the eyes of the consumer. London, English Community Care Association


**Additional sources**


Appendix 1. Food for Life Care Home Framework

1. Make nutritious, locally sourced sustainable food and drinks available around the clock
   1.1 Training chefs and cooks to be able to plan menus that meet nutritional needs, using recognised tools such as Food for Life Served Here award.
   1.2 Set up chef networks for recipe sharing – new popular seasonal recipes
   1.3 Support chefs to be able to prepare food to meet special dietary requirements such as modified textured food, enriching food for those with poor appetites

2. Improve eating and dining environments
   2.1 Support independence in eating by providing appropriate equipment and food
   2.2 Ensure dining environment is attractive, calm and inviting
   2.3 Have menus on display for all to read
   2.4 Provide opportunities for residents to engage with mealtimes e.g. make suggestions of favourite dishes; assist with table setting; drying dishes, polishing cutlery
   2.5 Well trained, attentive and adequate staff
   2.6 Ensure crockery is contrasting colour to table clothes and not patterned so those with dementia can see the food and are not confused

3. Involve all residents and staff with all food related activities in the care home and outside
   3.1 Stimulate the sense and reminiscence activities through touch, feel, smell of plants and flowers through growing and cooking activities
   3.2 Hen keeping activities

4. Make links with the wider community
   4.1 Gardening activities with local groups e.g. families, schools and early years settings
   4.2 Sharing mealtimes with other friends and family in the home and outside through shared meal providers
   4.3 Organise visits to care farms, community gardens and garden centres

5. Improve leadership for a health-promoting care setting
   5.1 Adopting management level accountability for nutrition and hydration policy
   5.2 Engaging a wider workforce

Figure 2: Food for Life Better Care: Framework for a whole settings approach in care homes
## Appendix 2 Programme Theory of Change

### Inputs
- Big Lottery Funding
- NHS Trust/CCG/Public Health/private sector/large providers of care (caterers) support through funding/times/resourc es
- FFL Co-Developed Framework for care settings and FFL Better Care development work including case studies
- Ethnographic Research findings
- FFL staff expertise
- Expert partner organisations
- FFL central support
- FF/SF award scheme
- Strong existing networks

### Example Activities and Outputs

<table>
<thead>
<tr>
<th>Activities</th>
<th>Participation</th>
</tr>
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<tbody>
<tr>
<td>Guidance and support for settings to achieve FFL Served Here and embed good food culture.</td>
<td>Care Settings: Staff participate in making changes to improve food culture.</td>
</tr>
<tr>
<td>Training/workshops/ seminars: e.g. using food therapeutically in settings such as food growing and home keeping; while setting approach for senior managers: Care to Cook; reducing waste; communal dining.</td>
<td>Participation from CCGs, Age UK, health and social care leaders and wider stakeholders in making strategic changes to improve food culture.</td>
</tr>
<tr>
<td>Participation from older people, friends and family in development of activities in care settings.</td>
<td>Participation from health and social care teams and wider-related workforce in supporting changes to improve food culture.</td>
</tr>
<tr>
<td>Support for schools and care settings to work together on intergenerational linking projects.</td>
<td>Participation in Intergenerational linking from pupils, Head Teachers, Governors, School staff, Age UK Volunteers, care setting staff.</td>
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### Short \(\text{Outcomes}^\text{Medium}^{\text{Long}}\)

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<th>Short</th>
<th>Outcomes</th>
<th>Medium</th>
<th>Long</th>
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<tr>
<td>Increased number of settings working towards and achieving the FFL Served Here Award and better quality food provision (3h)</td>
<td>Increase in fresh preparation of reasonably sourced nutritious meals by care staff in settings (3h)</td>
<td>Improved capacity and capability of care setting staff through knowledge skills and confidence (4m-4a and 4b)</td>
<td>Increased satisfaction of family/friends of residents with care provision.</td>
</tr>
<tr>
<td>Greater awareness among care workers of risk factors that may lead to malnutrition in older people and improved monitoring of malnutrition</td>
<td>Care settings take a whole setting approach to food e.g. whole setting food policy, introducing therapeutic food growing and improving meal times (3h and 3r)</td>
<td>Communal dining opportunities and improved food environment in settings</td>
<td>Improved indicators of wellbeing and nutrition for residents of care settings (2a) e.g. grip strength, ability to stand from chair unsupervised</td>
</tr>
<tr>
<td>Increased confidence in schools and care settings in working together (4m)</td>
<td>Children and older people access knowledge, skills and opportunities for social interaction through Intergenerational participation and learning.</td>
<td>Children and older people access knowledge, skills and opportunities for social interaction through Intergenerational participation and learning.</td>
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### Outcomes

- Residents and their family/friends: Reduced isolation, improved wellbeing, and improved nutrition/hydration for older people in care settings.
- Increased satisfaction of family/friends of residents with care provision.
- Care settings: Embedded positive food environments and positive food culture in settings.
- Increase in job satisfaction and morale amongst care staff.
- Potential financial savings through reduced ONS prescriptions; reduced food waste; staff retention.
- Local and national: Enhanced local food economy through procurement practices.
- Increased community cohesion through Intergenerational links.
- Model of good practice for food in care settings that demonstrated potential for food to influence health, wellbeing, sustainability, health and social care finances.
Appendix 3. Interview Schedule

Interview schedule for staff

Thank you for agreeing to take part in this interview. The aim is to find out your experiences of food and food-related activities as a result of a whole setting approach to food within your care home. The whole setting approach aims to use food to improve care right across a care setting to include various aspects of food growing, eating and cooking as well as connecting people and the wider community. Today, we wish to understand your experiences of taking part in the programme. With your consent, we would like to tape record the interview, but the data gained from the interview will be made anonymous and you will also have the opportunity to review your interview transcript if you wish (see information sheet).

Date____ Care home_________meeting with________________ in presence of_________

1. Please tell us
   a. What is your staff title/position?
   b. The role you play in the care home with regards to food?
2. Could you list the main points of contact your team has had with Food for Life Better Care?
3. How, overall, have you found the experience of working with FFLBC?
4. More specifically can you give us key examples of (a) what FFLBC/food related activities you have been working on (b) describe the impact of these activities?
5. Please tell us any downsides or negative experiences linked to taking a whole setting approach to food in your care home?
6. Can you describe the resources (staff time, materials) has your care home had to put in to do these activities? Are they additional to normal practice in the care home?
7. Are there other things that have helped you take work forward in this area?
8. What has hindered or got in the way of taking these areas of work forward? What are the constraints/challenges?
9. Looking back, what would you do differently?
10. What message or advice would you give to anyone (esp. in a similar job to yourself) who wants to do this sort of work?
11. Looking forward: what else can your care home do?
12. Is there anything else you would like to add?